

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Fax: 214-594-8680

Notice of Independent Review Decision

DATE OF REVIEW:

12/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning Program 5 X wk X 2 wks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

CHIROPRACTOR

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines

letters dates 10-16-2007, 11-12-2007,

IME 8-08-2007 Dr.,

FCE 9-06-2007,

Office SOAP notes Spine and Rehab multiple DOS, Subsequent Evaluation

Spine and Rehab 9-27-2007, 10-16-0207, 9-24-2007, 8-21-2007, 8-07-2007, 7-

03-2007, 6-05-2007, 5-01-2007, 3-13-2007, 2-08-2007-initial, 1-26-2007-initial,

MRI L-sp-1/30/07

Medical Grp 1-25-2007, 1-22-2007

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury on xx/xx/xx, while bending forward to lift a 160 pound tank plate. The injured employee reported low back pain with burning down the right leg. The injured employee was referred to Medical. The injured employee then sought treatment with Spine and Rehabilitation. An MRI of the lumbar spine was performed on 1-30-2007. The injured employee was placed into a work conditioning program and has completed 10 sessions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The injured employee's request was initially denied for "Admission criteria for a work hardening program" and not for "work conditioning".

The injured employee had recently completed 10-sessions of a work conditioning program and had apparently met the initial admissions criteria for the ODG Guidelines during the initial 10-sessions. A work conditioning program is defined by the ODG as a work conditioning program specific to the work goals and should restore the client's physical capacity and function. The Guidelines for Work Condition are limited to 10-sessions over an 8 week period. It is also noted that work conditioning and work hardening are not intended for sequential use.

In view of the OGD, the injured employee does not qualify for the additional 10-sessions of work conditioning.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**